BUREAU OF VI	BOARD OF HEALTH TAL STATISTICS TE OF DEATH
1. PLACE OF BEATH  County Registration District I  Township Registration District I  Township Registration (No. 14. MW)  2. FULL NAME EMUSE Charles ANSIL	District No. 1038 Pile No. ESTO Word)  Ward. Rosefale Tansas
(Usual place of abode)  Length of residence in city or town where death occurred yrs. mos.	(If nonresident give city orctown and State) ds. How long in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  MALL  VALL  VA	16. DATE OF DEATH (MONTH, DAY AND YEAR) ( 15 - 29 19 2 4  17.  I HEREBY CERTIFY, That I attended deceased from 19 2 4  that I last saw b. t. alive on 19 2 4, to 19 2 4, and that death occurred, on the date stated above, at 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2
9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER CAMPY S Charley  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER MAY E Jodd  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH?
(STATE OR COUNTRY) MASSAMU	(1) MIANS AND NATURE OF INJUST, and (2) whether Accidental, Suicidal, or Hornethal. (See reverse cide for additional space.)

14. INFORMANT MAG (Address)

ZO. UNDERTAKER

CREMATION, OR REMOVAL

DATE OF BURIAL

15.

## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up onaccount of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ......... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma): Measles. Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Homorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia." "PUERPERAL peritonitis." etc. State cause for which surgical operation was undertaken. For VIOLENT DEATES State MEANS OF INJURY and qualify SS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF SS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide, Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, totanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date

## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1. PLACE OF DEATH  Coulty		ÇERTIFICAT	E OF DEATH			
Township.  Township.  Primary Registration District No	1. PLACE OF DEATH		399	.5	991	
2. FULL NAME.  (a) Residence. No.  (b) Residence No.  (b) Residence No.  (c) Residence No.  (c) Residence in city or fown where death occurred yra. mos.  (d) Residence in city or fown where death occurred yra. mos.  (d) Residence in city or fown where death occurred yra. mos.  (d) Residence in city or fown where death occurred yra. mos.  (d) Residence in city or fown where death occurred yra. mos.  (d) Residence in city or fown where death occurred yra. mos.  (d) Residence in city or fown where death occurred yra. mos.  (d) Residence in city or fown where death occurred yra. mos.  (d) Residence in city or fown where death occurred yra. mos.  (d) Residence in city or fown where death occurred yra. mos.  (d) DATE OF DEATH (MONTH), DAY AND VEAR)  (E) DATE OF DEATH (MONTH), DAY AND VEAR)  (E) DAYS DEATH (MONTH), DAY AND VEAR)  (E) DAYS DEATH (MONTH), DAY AND VEAR)  (E) DAYS DEATH (MONTH), DAY AND VEAR)  (E) THE CAUSE DEATH (MONTH), DAY AND VEAR)  (E) COCUPATION OF DECEASED  (a) Trade, profession, or purchase had of we's  (b) General nature of inglustry,  (c) Name of employer  (d) General nature of inglustry,  (e) Name of employer  (g) Name of employer  (g) Name of employer  (g) Name of employer  (g) Name of employer  (h) DAYS DAYS DEATH (CITY optional Control)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (S) MAND AND NATURE OF INDURE, or in deaths from Vionexey Causes, sales (S) Makes are Natures or industry, and (3) whether Accurate, as for additional space, or in deaths from Vionexey Causes, sales (S) Makes are Natures or industry, and (3) whether Accurate, as for additional space, or in deaths from Vionexey Causes, sales (S) Makes are Natures or industry, and (3) whether Accurate, as for additional space, or in deaths from Vionexey Causes, sales (S) Makes are Natures or industry, and (3) whether Accurate, as for additional space, or industry, and (3) whether Accurate, as for additional space, or industry and (3) whether Accurate, as for additional space, or industry and (3) wh	County		39	File No.	4	
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REGISTRARS GHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer. Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or Athhome. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of \_\_\_\_\_(name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic). "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia." "Weakness." etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis." etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as accidental, suicidal, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned bf carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemis, septicomis, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

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